

## **Application for Membership**

## Please print clearly and complete all applicable fields:

First Name:	Last	Name:	
Геlephone:		Iwork Date of Birth:	
Street address:		I	Box #
Sity:		State:	ZIP:
Email:			(this will be your online user name)
Student Time Do  List three services that you might prov  1.  2.	ide:		
3			
Please provide two personal references nousehold members as references plea	· · · · · · · · · · · · · · · · · · ·		•
Name of Reference	Email A	Address	Phone Number

## **Annual Donation for membership**

\$30 Individual

\$50 Family

\$25 Senior (60 and over)

\$35 Senior Couple (both members 60+)

\$15 Student

Time Donation (4 hours yearly)

Please mail this completed form with your payment to:

Time Bank of the Rockies PO Box 85 Montrose, CO 81401-0085

When your application has been processed and the reference forms have been returned, you will be contacted to attend the orientation meeting. If you have any questions, please call 970-209-6886 during business hours.